

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment						Work Assignment Number 0-05				
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:				
Contract Number EP-W-12-003			Contract Period 01/13/2012 To 12/31/2012 Base <input checked="" type="checkbox"/> Option Period Number			Title of Work Assignment/SF Site Name PChem/Fate Review of HPV/MPV				
Contractor SRC, INC.					Specify Section and paragraph of Contract SOW					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance From 05/08/2012 To 12/31/2012				
Comments:										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO <input type="checkbox"/> (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:				LOE: 0				
01/13/2012 To 12/31/2012										
This Action:						0				
Total:						0				
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:		LOE:				
Cumulative Approved:				Cost/Fee:		LOE:				
Work Assignment Manager Name Andy Mamantov						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number 202-564-8539				
						FAX Number:				
Project Officer Name Cynthia Bowie						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 202-564-7726				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number:				
						FAX Number:				
Contracting Official Name Abbie Jemmott						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 202-564-1266				
						FAX Number:				